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PTO/SB/05 (4/98)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | Attorney Docket No.                      | N0065US                                    |
|  | First Inventor or Application Identifier | CHOJNACKI                                  |
|  | Title                                    | Encryption Method for Distribution of Data |
|  | Express Mail Label No.                   | EK 656528355US                             |

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| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>   | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original and a duplicate for fee processing)</small>  | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix)   |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages <b>60</b> ]<br><small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the invention</li> <li>- Brief Summary of the invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul>               | 6. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul>   |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>13</b> ]<br>4. Oath or Declaration [Total Pages <b>2</b> ]<br>a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br><small>(for continuation/divisional with Box 16 completed)</small> <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>           Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li> </ul> | <b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/> <small>(when there is an assignee)</small></li> <li>9. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</li> <li>11. <input type="checkbox"/> Preliminary Amendment</li> <li>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/> <small>(Should be specifically itemized)</small></li> <li>13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired<br/> <small>(PTO/SB/09-12)</small></li> <li>14. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/> <small>(if foreign priority is claimed)</small></li> <li>15. <input type="checkbox"/> Other: _____</li> </ul> |

**NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.37), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

**16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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|         |                                     |           |              |          |              |
|---------|-------------------------------------|-----------|--------------|----------|--------------|
| Name    | Frank J. Kozak, Esq.                |           |              |          |              |
|         | Navigation Technologies Corporation |           |              |          |              |
| Address | 10400 West Higgins Road             |           |              |          |              |
| City    | Rosemont                            | State     | IL           | Zip Code | 60018        |
| Country | USA                                 | Telephone | 847/795-7371 | Fax      | 847/699-8057 |

|                   |                       |                                   |               |
|-------------------|-----------------------|-----------------------------------|---------------|
| Name (Print/Type) | Frank J. Kozak        | Registration No. (Attorney/Agent) | 32,908        |
| Signature         | <i>Frank J. Kozak</i> | Date                              | Sept 18, 2000 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

| FEE TRANSMITTAL<br>for FY 2000  |      | Complete if Known    |                     |         |
|---|------|----------------------|---------------------|---------|
| <i>Patent fees are subject to annual revision.<br/>Small Entity payments must be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§ 1.27 and 1.28.</i> |      | Application Number   |                     |         |
|   |      | Filing Date          | SEPT. 18, 2000      |         |
|   |      | First Named Inventor | CHONACKI            |         |
|   |      | Examiner Name        |                     |         |
|   |      | Group / Art Unit     |                     |         |
| TOTAL AMOUNT OF PAYMENT   | (\$) | 1306 <sup>00</sup>   | Attorney Docket No. | N0065US |

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued)  |  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
|--|--|--|-----------------------|-----------------|----------|-------------|--------------------|-------------------------------------|-----|-------------|-------------------|---|-----|-------------|------------------|---------------------------|-----|-------------|--------------------|--|-----|------------|------------------------|--|-------------------|-----|-------------------|---|-----|--------------|--------------|--|----------|-----|-------------|---|-----|-----|-------------|--|-----|--------------------|---------------|---|--|-----|---------------|--|-----------------|----------|-------------|------------------|------------------------|-----|-------------|--|-----------------------------------|-----|-------------|--------------------------|---------------------------------------|-----|-----------------|---|--|-----|------------|----------------------------------|--|-----|-------------------|------------------------------------|--|-----|---------------|--------------------------------|--|-----|-------------|------------------|--|-----|-------------|-----------------|--|-----|-------------|-------------------------------|--|-----|-----------|---|--|-----|-------------|---|--|-----|-----------|--|-----|-----|-------------|---|--|-----|-------------|--|--|---------------------------|--|--|--|---------------------------|--|--|--|-------------------|--|--|--|-----|
| <b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Deposit Account Number: 50 0728<br><br>Deposit Account Name: Navigation Technologies<br><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17   | <b>3. ADDITIONAL FEES</b><br><table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130 205 65</td><td>Surcharge - late filing fee or oath</td><td></td></tr><tr><td>127</td><td>50 227 25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr><tr><td>139</td><td>130 139 130</td><td>Non-English specification</td><td></td></tr><tr><td>147</td><td>2,520 147 2,520</td><td>For filing a request for reexamination</td><td></td></tr><tr><td>112</td><td>920* 112 920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr><tr><td>113</td><td>1,840* 113 1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr><tr><td>115</td><td>110 215 55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>116</td><td>380 216 190</td><td>Extension for reply within second month</td><td></td></tr><tr><td>117</td><td>870 217 435</td><td>Extension for reply within third month</td><td></td></tr><tr><td>118</td><td>1,360 218 680</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>128</td><td>1,850 228 925</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>119</td><td>300 219 150</td><td>Notice of Appeal</td><td></td></tr><tr><td>120</td><td>300 220 150</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>121</td><td>260 221 130</td><td>Request for oral hearing</td><td></td></tr><tr><td>138</td><td>1,510 138 1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr><tr><td>140</td><td>110 240 55</td><td>Petition to revive - unavoidable</td><td></td></tr><tr><td>141</td><td>1,210 241 605</td><td>Petition to revive - unintentional</td><td></td></tr><tr><td>142</td><td>1,210 242 605</td><td>Utility issue fee (or reissue)</td><td></td></tr><tr><td>143</td><td>430 243 215</td><td>Design issue fee</td><td></td></tr><tr><td>144</td><td>580 244 290</td><td>Plant issue fee</td><td></td></tr><tr><td>122</td><td>130 122 130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>123</td><td>50 123 50</td><td>Petitions related to provisional applications</td><td></td></tr><tr><td>126</td><td>240 126 240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr><tr><td>581</td><td>40 581 40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40-</td></tr><tr><td>146</td><td>690 246 345</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr><tr><td>149</td><td>690 249 345</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr><tr><td colspan="4">Other fee (specify) _____</td></tr><tr><td colspan="4">Other fee (specify) _____</td></tr><tr><td colspan="4">SUBTOTAL (3) (\$)</td><td>40-</td></tr></tbody></table> | Large Entity Fee Code  | Small Entity Fee Code | Fee Description | Fee Paid | 105         | 130 205 65         | Surcharge - late filing fee or oath |     | 127         | 50 227 25         | Surcharge - late provisional filing fee or cover sheet. |     | 139         | 130 139 130      | Non-English specification |     | 147         | 2,520 147 2,520    | For filing a request for reexamination |     | 112        | 920* 112 920*          | Requesting publication of SIR prior to Examiner action |                   | 113 | 1,840* 113 1,840* | Requesting publication of SIR after Examiner action |     | 115          | 110 215 55   | Extension for reply within first month |          | 116 | 380 216 190 | Extension for reply within second month |     | 117 | 870 217 435 | Extension for reply within third month |     | 118                | 1,360 218 680 | Extension for reply within fourth month |  | 128 | 1,850 228 925 | Extension for reply within fifth month |                 | 119      | 300 219 150 | Notice of Appeal |                        | 120 | 300 220 150 | Filing a brief in support of an appeal |                                   | 121 | 260 221 130 | Request for oral hearing |                                       | 138 | 1,510 138 1,510 | Petition to institute a public use proceeding |  | 140 | 110 240 55 | Petition to revive - unavoidable |  | 141 | 1,210 241 605     | Petition to revive - unintentional |  | 142 | 1,210 242 605 | Utility issue fee (or reissue) |  | 143 | 430 243 215 | Design issue fee |  | 144 | 580 244 290 | Plant issue fee |  | 122 | 130 122 130 | Petitions to the Commissioner |  | 123 | 50 123 50 | Petitions related to provisional applications |  | 126 | 240 126 240 | Submission of Information Disclosure Stmt |  | 581 | 40 581 40 | Recording each patent assignment per property (times number of properties) | 40- | 146 | 690 246 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 690 249 345 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | Other fee (specify) _____ |  |  |  | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$) |  |  |  | 40- |
| Large Entity Fee Code  | Small Entity Fee Code  | Fee Description  | Fee Paid              |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 105  | 130 205 65   | Surcharge - late filing fee or oath  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 127  | 50 227 25  | Surcharge - late provisional filing fee or cover sheet.                    |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 139  | 130 139 130  | Non-English specification  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 147  | 2,520 147 2,520  | For filing a request for reexamination                                     |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 112  | 920* 112 920*  | Requesting publication of SIR prior to Examiner action                     |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 113  | 1,840* 113 1,840*  | Requesting publication of SIR after Examiner action                        |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 115  | 110 215 55   | Extension for reply within first month                                     |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 116  | 380 216 190  | Extension for reply within second month                                    |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 117  | 870 217 435  | Extension for reply within third month                                     |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 118  | 1,360 218 680  | Extension for reply within fourth month                                    |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 128  | 1,850 228 925  | Extension for reply within fifth month                                     |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 119  | 300 219 150  | Notice of Appeal   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 120  | 300 220 150  | Filing a brief in support of an appeal                                     |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 121  | 260 221 130  | Request for oral hearing   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 138  | 1,510 138 1,510  | Petition to institute a public use proceeding                              |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 140  | 110 240 55   | Petition to revive - unavoidable   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 141  | 1,210 241 605  | Petition to revive - unintentional   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 142  | 1,210 242 605  | Utility issue fee (or reissue)   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 143  | 430 243 215  | Design issue fee   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 144  | 580 244 290  | Plant issue fee  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 122  | 130 122 130  | Petitions to the Commissioner  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 123  | 50 123 50  | Petitions related to provisional applications                              |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 126  | 240 126 240  | Submission of Information Disclosure Stmt                                  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 581  | 40 581 40  | Recording each patent assignment per property (times number of properties) | 40-                   |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 146  | 690 246 345  | Filing a submission after final rejection (37 CFR § 1.129(a))              |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 149  | 690 249 345  | For each additional invention to be examined (37 CFR § 1.129(b))           |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| Other fee (specify) _____  |  |  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| Other fee (specify) _____  |  |  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| SUBTOTAL (3) (\$)  |  |  |                       | 40-             |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| <b>2. <input type="checkbox"/> Payment Enclosed:</b><br><input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |  |  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| <b>FEE CALCULATION</b><br><b>1. BASIC FILING FEE</b><br><table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>690 201 345</td><td>Utility filing fee</td><td>690</td></tr><tr><td>106</td><td>310 206 155</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>480 207 240</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>690 208 345</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>150 214 75</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1) (\$)</td><td>690</td></tr></tbody></table><br><b>2. EXTRA CLAIM FEES</b><br><table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>39</td><td>20** = 19</td><td>18</td><td>342</td></tr><tr><td>16</td><td>3** = 3</td><td>78</td><td>234</td></tr><tr><td colspan="4">Multiple Dependent</td><td></td></tr></tbody></table><br><b>Large Entity Small Entity</b><br><table border="1"><thead><tr><th>Fee Code</th><th>Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18 203 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>78 202 39</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>260 204 130</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>78 209 39</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18 210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2) (\$)</td><td>576-</td></tr></tbody></table> | Large Entity Fee Code  | Small Entity Fee Code  | Fee Description       | Fee Paid        | 101      | 690 201 345 | Utility filing fee | 690                                 | 106 | 310 206 155 | Design filing fee |   | 107 | 480 207 240 | Plant filing fee |                           | 108 | 690 208 345 | Reissue filing fee |  | 114 | 150 214 75 | Provisional filing fee |  | SUBTOTAL (1) (\$) |     |                   |   | 690 | Total Claims | Extra Claims | Fee from below                         | Fee Paid | 39  | 20** = 19   | 18                                      | 342 | 16  | 3** = 3     | 78                                     | 234 | Multiple Dependent |               |   |  |     | Fee Code      | Fee Code                               | Fee Description | Fee Paid | 103         | 18 203 9         | Claims in excess of 20 |     | 102         | 78 202 39                              | Independent claims in excess of 3 |     | 104         | 260 204 130              | Multiple dependent claim, if not paid |     | 109             | 78 209 39                                     | ** Reissue independent claims over original patent |     | 110        | 18 210 9                         | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) (\$) |                                    |  |     | 576-          |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| Large Entity Fee Code  | Small Entity Fee Code  | Fee Description  | Fee Paid              |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 101  | 690 201 345  | Utility filing fee   | 690                   |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 106  | 310 206 155  | Design filing fee  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 107  | 480 207 240  | Plant filing fee   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 108  | 690 208 345  | Reissue filing fee   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 114  | 150 214 75   | Provisional filing fee   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| SUBTOTAL (1) (\$)  |  |  |                       | 690             |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| Total Claims   | Extra Claims   | Fee from below   | Fee Paid              |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 39   | 20** = 19  | 18   | 342                   |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 16   | 3** = 3  | 78   | 234                   |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| Multiple Dependent   |  |  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| Fee Code   | Fee Code   | Fee Description  | Fee Paid              |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 103  | 18 203 9   | Claims in excess of 20   |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 102  | 78 202 39  | Independent claims in excess of 3  |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 104  | 260 204 130  | Multiple dependent claim, if not paid                                      |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 109  | 78 209 39  | ** Reissue independent claims over original patent                         |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| 110  | 18 210 9   | ** Reissue claims in excess of 20 and over original patent                 |                       |                 |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |
| SUBTOTAL (2) (\$)  |  |  |                       | 576-            |          |             |                    |                                     |     |             |                   |   |     |             |                  |                           |     |             |                    |  |     |            |                        |  |                   |     |                   |   |     |              |              |  |          |     |             |   |     |     |             |  |     |                    |               |   |  |     |               |  |                 |          |             |                  |                        |     |             |  |                                   |     |             |                          |                                       |     |                 |   |  |     |            |                                  |  |     |                   |                                    |  |     |               |                                |  |     |             |                  |  |     |             |                 |  |     |             |                               |  |     |           |   |  |     |             |   |  |     |           |  |     |     |             |   |  |     |             |  |  |                           |  |  |  |                           |  |  |  |                   |  |  |  |     |

| SUBMITTED BY      |                       | Complete (if applicable)          |                |
|-------------------|-----------------------|-----------------------------------|----------------|
| Name (Print/Type) | Frank J. Kozak        | Registration No. (Attorney/Agent) | 32,908         |
| Signature         | <i>Frank J. Kozak</i> | Telephone                         | 847/795-7371   |
|                   |                       | Date                              | Sept. 18, 2000 |

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